SEC For	rm 4 FORM	4	UNITED	) STA	TES	S SE	-		ES AND			NGE (	COMN	/ISS	SION					
					v	Vashii	ngton, D.C. 2	0549	9					OMB APPROVAL						
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).						suant f	to Sectior	n 16(a	a) of the Secu	uritie	s Exchan		RSH	IP	Estima	OMB Number: 323 Estimated average burden hours per response:		3235-0287 n 0.5		
1. Name and Address of Reporting Person* Slaoui Moncef						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Arcturus Therapeutics Holdings Inc.</u> [ ARCT ]									all applic Directo	able) r			wner	
(Last) (First) (Middle) C/O ARCTURUS THERAPEUTICS HOLDING				IGS		3. Date of Earliest Transaction (Month/Day/Year) 06/19/2024									Officer (give title Other (specify below)     below)					
INC. 10628 SCIENCE CENTER DRIVE, SUITE 250 (Street)					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									<ul> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>Form filed by One Reporting Person Form filed by More than One Reporting Person</li> </ul>					
SAN DIEGO CA 92121					Rule 10b5-1(c) Transaction Indication															
(City) (State) (Zip)						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - Nor	1-Deriv	vativ	e Se	curities	s Ac	quired, D	isp	osed o	f, or Be	nefici	ally (	Dwned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/E				Day/Year)		2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr.		4. Securities Acquir Disposed Of (D) (Ins 5)		red (A) or str. 3, 4 a	nd	5. Amour Securitie Beneficia Owned F	s Illy ollowing	Form (D) o	vnership :: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code V	/	Amount	(A) c (D)	r Pric	rice Reported Transacti (Instr. 3 a		on(s)			(Instr. 4)	
		-							uired, Dis , options						wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		De	Price of privative curity str. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactiv (Instr. 4)	e S Ily I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		cpiration ate	Title	Amour or Numbe of Shares	ər						
Stock option (right to buy)	\$25.96	06/19/2024			A		15,000		(1)	06	5/19/2034	Common Stock	15,00	0	\$0.00	15,00	0	D		

Explanation of Responses:

\$25.96

Stock option (right to

buy)

1. Shares underlying the option vest monthly over a two year period from the date of grant. This represents the initial grant to the Reporting Person as a member of the Board of Directors.

14,794

2. Shares underlying the option vest monthly over a one year period from the date of grant. This represents the annual grant to the Reporting Person as a member of the Board, prorated based on the date the Reporting Person was appointed to the Board.

(2)

/s/ Grant Levine, attorney-in-06/21/2024 fact

14,794

Common Stock

06/19/2034

\$0.00

14,794

D

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

06/19/2024

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

А

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.